The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certife jealth Department, Gity of Baltimore. The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled any person superintending the burial, within the presentation of this Certificate, accurately filled any person superintending the burial, within the presentation of this Certificate, accurately filled any person superintending the burial, within the presentation of this Certificate, accurately filled any person superintending the burial, within the presentation of this Certificate, accurately filled any person superintending the burial, within the presentation of this Certificate, accurately filled any person superintending the burial, within the presentation of this Certificate, accurately filled any person superintending the burial, within the presentation of this Certificate, accurately filled any person superintending the burial, within the presentation of this Certificate, accurately filled any person superintending the burial, within the presentation of this Certificate, accurately filled any person superintending the burial, within the presentation of this Certificate, accurately filled any person superintending the burial, within the presentation of this Certificate, accurately filled any person superintending the burial person Date of Death,... Full Name of Deceased, Sex, Mate or Female, {Cross out the word not } Age,... Color, ... Married, Single, Widow or Widower, {Cross out the words not} required in this line. Occupation,.... Birth Place, {State or country, and how long in the United States, if of foreign birth. Days Duration of Residence in the City of Baltimore, Place of Death, {Give Street and } Cause of Death, First (Primary), Second (Immediate), Duration of Last Sickness, All the above information should be furnished by the Physician Place of Burial, Date of Burial, Undertaker, Place of Business, J Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty are as the same can be ascertained, to the Undertaker or other persons superintending the Burial, a certificate setting forth as ease and date of death.

City of Baltimore.

City of Baltimore.

City of Baltimore.

And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty are cause and date of death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as condition (whether married or single) of the person deceased, and [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate
Health Department, City, of Baltimore.
Permit No. 99481 Office of Registrar of Vital Statistics. Ward
The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty four hours after the death of said deceased, or sooner, i requested so to do, under penalty of law.
No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, April 24th 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, Pross out the word not required in this line.
Age, Months, Days.
Color, Make
Married, Single, Widow or Widower, {Cross out the words not } required in this line.
Occupation, Tabour
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Lefe
Place of Death, {Give Street and } Hel no 44 Buren St. 705 how
Cause of Death, Second (Immediate), Second (Immediate),
Duration of Last Sickness, 3 weeks All the above information should be furnished by the Physician.
Place of Burial, Holy Cross
Date of Burial, april 27 th Jes. B Remove
S Undertaker, H. C. Windsfild Medical Attendant. M. D.
Place of Business, 916 Grunnit Address, 711 W Calvery 14
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far at the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the can and date of death.

to the hemarks below, and to list of Diseases on back of this Certificate
Bealth Department, City of Baltimore.
Permit No. 99482 Office of Realist And Controling Want 164
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled our requested so to do, under penalty of law.
requested so to do, under penalty of law.  No Permit for Burnal Can BE OBTAINED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, april 24, 87
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, Years, 2 1/2 Months, Days.
Color, white
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Life
Place of Death, {Give Street and} Herry Tchies Hastite
Cause of Death, { First (Primary), Tuanasuus
(Second (Immediate),
All the above information should be furnished by the Physician.
Place of Burial, Loudles The
Date of Burial, Chril & 6
Undertaker, Ceftillyrore & M. Hunkley M. D.
Place of Business, 1139 Rene Address, 1002 Etmontone ded

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause [over.]

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DEPARTMENT BUREAU OF VITAL STA	
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Place of Business 4 04

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate
Bealth Department, City of Baltimore.
Permit No. 99483 Office of Registrant Will Statistics. Ward 200
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, it requested so to do, under penalty of law.  NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, Che 25-11889
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, 24 Years, 4 Months, Days
Color, Calacia
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, Par Cer
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } 1014 Southerles al
Cause of Death, { Second (Immediate),
Duration of Last Sickness,  All the above information should be furnished by the Physician.
Place of Burial pouril Cemtery
Date of Burial, Alvil 27 1889 SE CaleM. D.
crisis (All and Charles)

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Address,

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

JEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALLIMORE OILT, UINTI 32. TIIRGG TOLANGAL

The Special Attention of Physicians	is Respectfully Invited to the	Remarks below and to	fiet of D:	
ageaun age	Menartment	Mitu al	20 14.	this Certifica
Permit No. 99484 The Physician who attended ar to the Undertaker or other person so	Office of Registry	ar of view of	Ballimore.	
requested so to do, under negative of	permending the burial, with	To both Libert The Control	tation of this Certificate, as	curately filled or
	FOR BURIAL CAN BE OFFIAI	NED WITHOUT A PROP	ER CERTIFICATE.	d, or sooner,
Date of Death,	7	23	EATH.	
Full Name of Deceased, Ser Hale on Bull 1987	rite legibly and spell rectly. If an Infant t named, give names parents.	Mary	Smith	R
Sex, Male or Female, Cross of required Age,	$\{Years,$	^	······	
Colored		> Months	,	Days.
Married, Single, Widow or Occupation,	Widower Cross out the word required in this lin	s not }	(/	
Birth Place, State or country, and ho long in the United State if of foreign birth.	*;} 3	alkin	v	
ouration of Residence in th	e City of Baltimore,		Eise -	
Place of Death, {Give Street and Number.}	728	Hoo	& for x	4
Cause of Death, Second (Ivening)		Perhi	ssix it.	
Second (Imme wration of Last Sickness,	1	Tesh	the star	
lace of Burial, Lace	red by the Physician.	-	· · ·	
ate of Burial, Apr	128/87	en 1		
Undertaker, CUZU	Malden	SUA	Cenny	M. D.
Place of Business, &a	15/1	,	Medical Attendant.	-4. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of twenty-four hours after the death, to the Undertaker or other persons superintending the Eurial, a certificate setting forth as far as and date of death.

The Special Attention of Physicia	ans is Respectfully Invited to the	Remarks below, and to List of Dis	eases on back of this Certificate.
Health	Department,	City of Bal	ltimore.
Permit No. 99488	Office of Registro	ar of Vital Statistic	s. Ward 324
The Physician who attended to the Undertaker or other person requested so to do, under penalty	d any person in a last illness is re n superintending the burial, with	spensible for the presentation of the twenty-form hours after the deal	his Certificate, accurately filled out, th of said deceased, or sooner, if
CEF	RTIFICATE	OF DEA	TH. OT
Date of Death, Cof	enil 25/88	7	
Full Name of Deceased,	Write legibly and spell correctly. If an Infant not named, give names	Harry lox	
Sex, Male or Famale, {c	ross out the word not }	alı 🔍	
Age, 2 b		Months,	Days.
Color, Culil	<u> </u>		///
Married, Single, Widow	or Widower, {Cross out the wo	rds not }	
Occupation, Con			
Birth Place, State or country, long in the United if of foreign birt	and how ed States, Curking		
Duration of Residence	in the City of Baltimor		
Place of Death, $\{^{ ext{Give Street}}_{ ext{Number}}\}$	and Ballimore	university Ho	pital a Boud 2
Cause of Death.	Primary), Char (Immediate), Open	plepy,	
Duration of Last Sicked	be furnished by the Physician.	Obelds	
Place of Burial, Lov			
Date of Burial, A	127 7887	M d MI	
(Undertaker, Los	B book	To, J. Jun	M. D.
Place of Business 10.	03 w Baltiman	ddress, Balling	e Univeril Ha

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

City of Baltimore.

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate. Office of Registrar of Vital Statistics. Ward The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under thanky of law.

No Permit for Burial can be Obtained without a Proper Certificate. april 25 Date of Death, Full Name of Deceased, {Write legibly and spell alvano M. D. Home of parents. Sex, Male or Female, (ross out the word not) required in this line. Age, Years, Months, Days. Unite Color. Married, Single, Widow or Widower, {Cross out the words not } required in this line. Occupation, 0201.01 Birth Place, State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore, Zuice infancy Place of Death, Give Street and ... First (Primary), Cause of Death, Second (Immediate), Duration of Last Sickness, Said Thowe been in Juling health for a long time". The All the above information should be furnished by the Physician. is stated to have begun in February. In Place of Burial, It ell Cathedrae wir for the first time ten days before dea Date of Burial, Wed 27 M. D. you It Brune

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

( Place of Business, 2/3 Interty at Address, 7/4 M. Yoward St.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians	s is Respectfully Invited to the Re	emarks below, and to List of I	diseases on back of this Certificate.
Health	Department,	City of Ba	iltimore.
Permit No. 99487	Office of Registra	r of Vital Statist	ics. Ward 8 7
to the Undertaker or other person requested so to do, under penalty of	superintending the burial, within	twenty-four hours after the d	
CER	TIFICATE	OF DEA	TH. S
Date of Death,	April 25	/887.	
Full Name of Deceased, $\{$	Write legibly and spell correctly. If an Infant not named, give names	wis marti	in f
Sex, Male or Female, { Cro	ss out the word not }	······································	
Age, 68	Years,	Months,	Days
Color,	White		
Married, Single, Widow			
Occupation,	Grain he	rchant - Flow	r Yearn Exchange
Birth Place, {State or country, a long in the United if of foreign birth.	nd how States, many	land = 1x	arford G.
Duration of Residence in	n the City of Baltimore	, 27 ps	
Place of Death, Give Street a Number.	nd } 400 Ka	male St-	
cause of Death,	Immediate),	iseaso V Afreen of	1 thigh
Duration of Last Sickne		rat 14th in bed,	under Treatment
Place of Burial, Perry	smanville		
Date of Burial, A	ril 27 1887	AN 111	5
(Undertaker, Las	P Byme	1 majorn	M. D. Gledical Attendant.
Place of Business,	Fronts A	ddress, 1102 2	Balle It-

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of a Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within enty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause date of death.

The Special Attention of Physician	s is Respectfully Invited to the R	Lemarks below, and to	List of Diseases on	back of this Certificate.
Health	Department,	City of	Baltim	ore.
The Physician who attended at to the Undertaker or other person requested so to do, under penalty of No Person	Office of Registro any person in a last illness, is res superintending the burial, within f law.	or of Vilal St possible for the present twenty-four hours after NED WITHOUT A PROPERTY.	catistics.  tation of this Certifier the death of said  PER CERTIFICATE.	Ward 2 5 ficate, accurately filled out,
CER	TIFICATE	OF D	EATH	44
Date of Death,		Unkeno	wn	1
Full Name of Deceased, $\left\{  ight.$	Write legibly and spell correctly. If an Infant not named, give names of parents.			
Sex, Male or Female, { Cro				
Age, about 4	o Years,	Month	is,	Days,
Color,		white	V	
Married, Single, Widow	or Widower, Cross out the wo	,	wwn	
Occupation,	, ( -1		<i>(</i>	
Birth Place, State or country, as long in the United if of foreign birth.	nd how States,			
Duration of Residence in	the City of Baltimore			
Place of Death, Give Street as Number.	Iden out of wa	lin foot of lis	whele ar	Rack harm
$egin{aligned} Place & of & Death, \{ egin{array}{l}  ext{Give Street all} \  ext{Number.} \ \end{aligned} \ \end{aligned}$ $egin{array}{l}  ext{Cause of Death}, \{ egin{array}{l}  ext{First (Proposition Second (Insert All Proposition Sec$	imary Sufford to 1. Immediate),	ve bun ac	edulet,	Prowing
Duration of Last Sicknes				
Place of Burial, Co.	ect Cerrely			
Date of Burial, Upn	27/887)	5.11	00	
( Undertaker, Lev.	Kinehalf	- Hall	Could de Medical	Attendant.
Place of Business,	ralth Office) A	ddress.403	11300	adui,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital

City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physician	s is Respectfully Invited to the I	Remarks below, and to	List of Diseases on back of	this Certificate.
Bealth	Department,	City of	Baltimore.	, "
Permit No. 99489	Office of Registra	er of Vital S	tatistics. Ward.	19
The Physician who attended to the Undertaker or other person requested so to do, under penalty o	any person in a last illness, is re- superintending the burial, with	sponsible for the present twenty-four hours at	ntation of this Certificate, accept the death of said decease	ccurately filled out, ed, or sooner, if
	TIFICAN		EATH.	1867
Date of Death, Suff	loud to have de	I Some h	ne about fire	1 of Hank
Full Name of Deceased,	Write legibly and spell correctly. If an Infant not named, give names	Veter S	ensen'	/
Sex, Male or Female, { Creq	of parents.  Second the word not uired in this line.	geter		/
Age,	34 Years,	/ Mont	hs,	Days.
Color,		White	<i>V</i>	
Married, Single, Widow			01.	
Occupation,	Fireman		com the	
Birth Place, State or country, a long in the United if of foreign birth.	nd how States, When he	fan n	tenniark	
Duration of Residence in	n the City of Baltimore	e, who	nown	
Place of Death, Give Street a Number.		10		What
cause of Death,	Immediate),	the dea	dutal From	my
Duration of Last Sickne				
Place of Burial, & Je	il amely			
Date of Burial, Copon	127/87	SAID.	1198	74 5
( Undertaker, Lev.	Sinchal	wyru	Medical Attendar	M. D.
Place of Business,	alth Offices	ddress,403	1 Bradung	
Extract from Regulations of th	e Board of Health to secure City of Balt		record of the Vital Sta	tistics in the

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]